Please return application to:

Human Resource Department, Town of Amherst 4 Boltwood Avenue, Amherst, MA 01002 (413) 259-3009 • Fax (413) 259-2405 • Email: humanresources@amherstma.gov

Applications are considered for all positions without regard to race, color, creed, religion, sex, national origin, age, sexual preference, gender identity, or the presence of a non-job related medical condition or handicap.

(PLEASE PRINT)	Date of Application			
Specific Position Applied For (requi	red)			
Name				
Last	First		Middle	
AddressNumber Street/ P. O. Box	x Town	State	Zip	
Telephone()				
If employed and you are under 18	3, can you furnish a work perm	nit? Yes	No 🗖	
Have you filed an application her	re before? Yes 🔲 No 🔲 If Y	Yes, when?_		
Have you ever been employed he	ere before? Yes \(\bigcap\) No \(\bigcap\) If	Yes, when?_		
Are you employed now? Yes	No May we contact yo	our present er	mployer? Yes 🔲 No 🕻	
Are you prevented from lawfully status? Yes No (If not a citize				gration
First Date you are available for w	/ork:			
How did you hear about the job (be specific):			
Check all that apply:				
Are you available to work \square Fu	ıll Time Part Time Te	emporary unt	il	
Are you available to work D	ays 🗖 Evenings 🗖 Weeken	nds		
What days of the week are you av	vailable to work? 🗖 M 🗖 Tu	и П W П Т	h 🗖 F 🗖 Sa 🗖 Su	
Are you available to work \(\begin{aligned} \text{Ye} \\ \text{Ye} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	ear Round 🗖 Academic Year	r Only \square S	ummers only	

		Yes No	
Are you on a lay off and	subject to recall? Yes	No 🗖	
What licenses, skills or c	qualifications do you poss	ess which should be co	nsidered?
List the kinds of office o	r construction equipment	you can operate	
For applicants for jobs t	hat requires driving:	_	
<u>-</u>		_	eachusetts? Yes No No
Do you have a valid	MA Commercial Driver'	s License (CDL)? Yes	\square No \square
List Endorsements			
Do you authorize th	e Town to check your driv	ving record for repeated	d or significant traffic violati
Yes No	o 🗖		
Did you graduate from Hig	upleted 1 2 3 4 5 6 7		
			y (GED) Tes 🛥 No 🛥
Name of High School		State	
Name of High School		State	
Name of High School City/Town COLLEGE OR OTHER Name of	TRAINING AFTER HIGH	State	NG MILITARY.
Name of High School City/Town COLLEGE OR OTHER Name of	TRAINING AFTER HIGH	State	NG MILITARY.
Name of High School City/Town COLLEGE OR OTHER Name of	TRAINING AFTER HIGH	State	NG MILITARY.
Name of High School City/Town COLLEGE OR OTHER Name of	TRAINING AFTER HIGH	State	NG MILITARY.
Name of High School City/Town COLLEGE OR OTHER Name of School or College	TRAINING AFTER HIGH	State	NG MILITARY.
Name of High School City/Town COLLEGE OR OTHER Name of	TRAINING AFTER HIGH Years/Semesters Completed	State	NG MILITARY. Major/Degree/field of study
Name of High School City/Town COLLEGE OR OTHER Name of School or College ILITARY BACKGROU	TRAINING AFTER HIGH Years/Semesters Completed	State	NG MILITARY. Major/Degree/field of study

EMPLOYMENT HISTORY-<u>Must complete this section</u>. "SEE RESUME" not accepted.

Start with your present or most recent job. Include military service assignments and volunteer activities (if related to position(s) you are applying for). Exclude organization names which indicate race, color, religion, sex or national origin.)

Employer (Present or Last)	Starting Date	Ending Date	Describe Work Performed	
Address				
Position Title	Starting Salary	Final Salary		
Supervisor				•
Reason for Leaving				
Employer (Present or Last)	Starting Date	Ending Date	Describe Work Performed	
Address				
Position Title	Starting Salary	Final Salary		
Supervisor				•
Reason for Leaving				
Employer (Present or Last)	Starting Date	Ending Date	Describe Work Performed	
Address				
Position Title	Starting Salary	Final Salary		
Supervisor				
Reason for Leaving				
Employer (Present or Last)	Starting Date	Ending Date	Describe Work Performed	
Address				
Position Title	Starting Salary	Final Salary		
Supervisor				
Reason for Leaving]

Please state any additional info	ormation you feel may be neipful to us in considering your application	•
as a condition of employment, con	nt, will you consent to a pre employment drug test and medical examination, inducted solely for the purpose of determining whether you are, with the performing the essential functions of the job?	,
	Yes No D	
understand and authorize that the info	application are full and true to the best of my knowledge and belief. I ormation provided may be verified, and that any willful misstatement of material my part of all rights to any employment in the service of the Town of Amherst.	
Signature	Date	
THE TOWN OF AMHERST IS ACTION EMPLOYER	S AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE	
NOTICE TO APPLICA	NTS FOR EMPLOYMENT WITH THE TOWN OF AMHERST	
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Smoking Policy

Pursuant to the Massachusetts General Laws, smoking is not allowed in Town buildings. Also, Massachusetts General Laws state that no person who smokes any tobacco product shall be eligible for appointment as a police officer or firefighter.

Employment Verification

Public Law 99-603 requires the Town of Amherst to demonstrate a "good faith effort" in complying with the illegal alien employment statues. Should you be hired for a position with the Town of Amherst, you will be asked to present the proper identification.

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, creed, religion, sex, national origin, age, sexual preference, gender identity or the presence of a non-job related medical condition or handicap.

As employers, we comply with governmental regulations and affirmative action responsibilities, to help us comply with government record-keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation and assistance. This data is for periodic government reporting and will be kept in a CONFIDENTIAL FILE separate from the Application for Employment.

(PLEA	ASE PRINT NEATLY)	Date of Application			
Positi	on(s) Applied For:				
Name	:				
Addre	Last	First		MI	
ridare	Number Street/P.O .Box	Town	State	Zip	
Referra	al Source: Ad Friend Re	elative	□ walk-In □ v	Vebsite School	
Gender	:: Female Male				
Race/Et	hnicity				
	Black or African America Africa.	an: A person having origins	in any of the ra	cial groups of South	
	White: A person having or Middle East.	igins in any of the original p	eople of Europ	e, North Africa or the	;
	-	rson of Mexican, Puerto Rica ulture or origin regardless of		ral or South America	n
	Asian A person having origor the Indian Subcontinent.	gins in any of the original pe	ople of the Far	East, Southeast Asia,	
	Native Hawaiian or other people of Hawaii or the Pac	Pacific Islander: A person herific Islands.	naving origins i	n any of the original	
		can Indian: A person having maintains cultural identifica			Э

EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER